MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09 7 20 28 0	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			I				51							
2				\			52							
3				I			53							
4				\			54							
5				\			55							
6				\			56							
7				I			57							
8				\			58							
9				\			59							
10				\			60							
11				\			61							
12				/			62							
13				I			63							
14				i			64							
15				\			65							
16				I			66							
17				\			67							
18				i			68							
19							69							
20				\			70							
21							71							
22							72							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	I	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.		←	18	←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS		▓▓▓	19	▓▓▓		▓▓▓	TOTAL CLAIMS			▓▓▓		▓▓▓		▓▓▓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS